Wyoming Department of Health - Behavioral Health Division - Developmental Disabilities Section

Team Meeting Checklist

ANNUAL

Pre-meeting Expectations

	Case Manager reviews/discusses the options to self-direct services and current services with Participant
	and/or Guardian.
	Case Manager shares current Provider list and confirms choices then coordinates meeting with Provider.
	Team Meeting Notice submitted in writing thirty (30) days prior to the meeting date to all team members,
	chosen Providers, and local Participant Support Specialist. Notice also includes IBA.
	Case Manager reviews and completes a summary and identified trends regarding: incident reports, seizure
	logs, health and safety, MAR's and PRN medication usage, targeted behavior frequency and trends, and
	current services and progress.
	Case Manager reviews: psychological evaluation, the ICAP and other current assessments, and prepares a
	brief summary for the team consisting of the recommendations, notable comments, strengths, weaknesses
	learning style, possible reinforcement tools, motivators, behavioral concerns and psychologist's input
	regarding possible explanations or motivation for such behaviors.
	Functional analysis on behavior is completed prior to the annual meeting if the Participant needs a
	Positive Behavior Support plan.
	Providers prepare a summary consisting of a review of the current objective and an explanation of the
	Participant's progress toward mastery, areas of concern or lack of progress, suggestions for development and/or adjustment of objective, and a general idea of units needed for Participant to be successful. Also
	include information regarding appropriate levels of service support. If the Provider is unable to attend the
	meeting, a copy of the summary must be sent to the Case Manager prior to the meeting to be reviewed by
	the team.
	If requesting Skilled Nursing services, review the Participants nursing needs and prompt nursing staff to
	submit a request for a Physicians order for skilled nursing services.
П	Case Manager may complete the following sections of the plan with the Participant and/or Guardian prior
_	to the meeting: Individual Preferences, Demographics, Medical information including medications,
	Equipment, and review the Rights, Responsibilities, and Restrictions using the guide and/or worksheet.
	Equipment, and review the ragins, responsionities, and restrictions asing the galact and or worksheet.
IPC A	nnual Meeting
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	Introductions
	Complete (or if done, review) 'Individual Preferences' section identifying Participant's person-centered
_	needs and preferences and giving opportunity for clarification, additions, etc.
	Review summary of incident reports, seizure logs, current services and progress on objectives
	Review the psychological evaluation, ICAP, and assessments and resulting recommendations
	Identify and address any health and safety issues
	Discuss frequency and trends of targeted behaviors and review/update Positive Behavior Support plan
	Discuss 'Rights, Needs, Restrictions' section and how the team will support the Participant's rights more
	fully, which includes a restoration plan for all restricted rights
	Discuss how conflict of interest for Case Manager will be addressed and describe in the
	Participant/Guardian verification section
	Identify service types and how each provider will align their services with the Participant's Individual
	Preferences
	Develop schedules reflecting needs and preferences of Participant
	Develop objectives based upon assessments, task analysis, and baselines
	Develop Circle of Support
	Discuss units and level of support for each service, creating service authorization form
	Signatures
	Plan of Care needs to be submitted to the Division 30 calendar days before IPC intended start date. If

there is an ECC request, it must be submitted 40 days before intended IPC start date.

Wyoming Department of Health - Behavioral Health Division - Developmental Disabilities Section

Team Meeting Checklist

4-6 MONTH REVIEW

Pre-me	eting	Expe	ectat	ions

	Case Manager reviews/discusses the options to self-direct services and current services with Participant
_	and/or Guardian.
	Case Manager shares current Provider list and confirms choices then coordinates meeting with Provider.
	Case Manager updates the demographics and medical/medication sections with the Participant and/or
	Guardian prior to meeting during home visits.
	Team Meeting Notice submitted in writing thirty (30) days prior to the meeting date to all team members,
_	chosen Providers, and local Participant Support Specialist.
	Case Manager reviews and completes a summary and identified trends regarding: incident reports, seizure
	logs, health and safety, MAR's and PRN medication usage, targeted behavior frequency and trends, and
	current services and progress.
	Providers prepare a summary consisting of a review of the current objective and an explanation of the
	Participant's progress toward mastery, areas of concern or lack of progress, suggestions for development
	and/or adjustment of objective, and a general idea of units needed for Participant to be successful. Also
	include information regarding appropriate levels of service support. If the Provider is unable to attend the
	meeting, a copy of the summary must be sent to the Case Manager prior to the meeting to be reviewed by
	the team.
4-6 N	Month IPC Review Meeting
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